

ANIMAL EUTHANASIA

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: Sections 133, 1071-87, 5031 and 8012, Title 10, United States Code.
2. PRINCIPAL PURPOSE(S): The purpose of requesting personal information is to enable veterinary service personnel to document coordination of your request for animal euthanasia and subsequent disposal of the remains.
3. ROUTINE USE(S): This information will be utilized to identify and remove your animal's registration record from the files of animals registered with the Veterinary Animal Disease and Control Facility in order to facilitate the Veterinary Preventive Medicine and Zoonotic Disease Control Program.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Providing personal information is voluntary. If the required information is not provided your animal will not be euthanised by military veterinary personnel.

CASE NUMBER	TELEPHONE NUMBER	DATE
NAME OF OWNER		ADDRESS (Include ZIP Code)
ANIMAL DATA		
NAME	BREED	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COLOR	AGE	MARKINGS
I, THE UNDERSIGNED, CERTIFY THAT I AM THE OWNER (or duly authorized agent for the owner), OF THE ANIMAL DESCRIBED ABOVE AND THAT I GIVE PERMISSION TO PERFORM EUTHANASIA OF THE ANIMAL. I ALSO CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ANIMAL HAS NOT BITTEN ANY PERSON OR ANIMAL DURING THE LAST TEN (10) DAYS, AND HAS NOT BEEN EXPOSED TO RABIES.		
SIGNATURE OF OWNER		

DD Form 1745, JUL 76

EDITION OF 1 FEB 75 IS OBSOLETE